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Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/735,340	
١N	IFORMATIC	N DI	SCLOSURE	Filing Date	December 12, 2003	
	STATEMENT BY APPLICANT			First Named Inventor	Adam GOLD	
				Art Unit	3734	
	(Use as many sheets as necessary)			Examiner Name	M. Mendoza	
Sheet	1	of	1	Attorney Docket Number	506512002100	

	,		U.S. PA	TENT DOCUMENTS	
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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ļ	FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear		
/MM/	1.	WO-03/086246-A1	10-23-2003	Barosense, Inc.			

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Signature	Considered	00/10/2010
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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2

Examiner Signature	/Michael Mendoza/	Date Considered	03/10/2010
<u> </u>	I	Considered	

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